



West Linn Police Department
PRE-EMPLOYMENT INVESTIGATION
PERSONAL PROFILE

Date _____

Name _____

The following questions are an addendum to the Personal History Statement for the position of police officer with West Linn Police Department. Please answer each of the questions by checking "Yes" or "No". **Any questions answered with "Yes" must be thoroughly explained on a supplemental page.**

If there are any willful misrepresentations, omissions or falsifications of the following questions or explanations, your application will be rejected and you will be disqualified from applying for any future position with the West Linn Police Department. If after your acceptance for employment, subsequent investigation should disclose misrepresentation, falsification or omission, it will be just cause for immediate dismissal.

A. GENERAL

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Have you ever had any non-Oregon driver's license or identification card issued to you?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Have you ever been refused a non-Oregon driver's license?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Have you ever applied for a permit to carry a concealed weapon?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Have you ever been suspended, expelled or put on probation from any junior high, high school, or college?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Have you ever had automobile insurance canceled or denied?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Have you ever been placed in a "high risk" automobile insurance category?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Have you ever been notified by the motor vehicles division that your driver's license was about to be suspended or revoked for any reason?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Have you ever been a habitual gambler?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Have you ever been publicly intoxicated?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. Have you ever driven while under the influence of intoxicants?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. Are you now or have you ever participated with an organization that advocates or supports the use of force or other unlawful means to deny anyone their rights under the Constitution of the United States?

B. EMPLOYMENT

<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Have you previously applied with the West Linn Police Department?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Are you unwilling or unable to work rotating shifts, hours, or days off?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. Would you be incapable of using deadly force if necessary, in the line of duty?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. Should this department employ you, do you anticipate any income other than your salary?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. Do you presently have any income other than your regular salary?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. Have you ever applied for employment with any criminal justice agency? (List agencies and dates)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. Have you ever had another criminal justice agency begin or complete a background investigation on you? (List agencies and dates)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. Have you ever been denied employment from another criminal justice agency? (List agencies and dates)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	20. Have you ever failed, dropped out, or resigned from a law enforcement academy? (Provide date)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	21. Have you ever completed a law enforcement academy? (Provide date)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	22. Have you ever been discharged from any position?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	23. Have you ever been asked to resign from a job?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	24. Have you ever resigned to avoid discharge, had a negotiated resignation, or resigned while under suspension or while dismissal proceedings were pending?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	25. Have you ever had a probationary period extended for any reason?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	26. Have you ever been the subject of a job-related investigation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	27. Have you ever been the subject of a sex or racial harassment complaint?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	28. Have you ever had any complaint of unnecessary force or brutality filed against you?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	29. Have you ever been demoted in a job?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	30. Have you ever received penalty days off?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	31. Have you ever had a pay raise delayed or withheld?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	32. Have you ever left a job without giving proper notice?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	33. Has an employer ever disciplined you?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	34. Will any of your past or present employers give you an unfavorable recommendation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	35. Has a previous employer ever informed you that you were ineligible for rehire?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	36. Have you ever been counseled or disciplined for sick leave abuse or tardiness?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	37. Have you ever had your integrity questioned in an employment setting?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	38. Have you ever raised your voice in anger to a co-worker or supervisor?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	39. Have you ever been late for work more than four times a year?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	40. Have you ever called in sick to work when you were not really sick?

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C. FINANCIAL

<input type="checkbox"/> Yes	<input type="checkbox"/> No	41. Have you ever received unemployment compensation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	42. Have you ever sued anyone or been sued by anyone?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	43. Have you ever had a judgement rendered against you?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	44. Have you ever filed for bankruptcy or been declared bankrupt?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	45. Have you ever had any of your property repossessed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	46. Have you ever had a debt turned over to a collection agency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	47. Have you ever had your wages garnished?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	48. Have you ever been delinquent in paying any of your taxes?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	49. Have you ever failed to file a federal income tax return?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	50. Have you ever avoided paying any lawful debt by moving?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	51. Have you ever failed to support any child of yours?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	52. Have you ever failed to fully repay a student loan?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	53. Are there any pending civil actions against you?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	54. Have you ever filed a false insurance claim?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	55. Have you ever settled a lawsuit out of court in which you received a cash payment?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	56. Have you ever settled any civil suit out of court in which you, your insurance company or anyone else was required to make a cash payment to another party?

D. CRIMINAL

<input type="checkbox"/> Yes	<input type="checkbox"/> No	57. Have you ever been convicted of a crime or an offense?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	58. Have you ever been given a trespass warning?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	59. Have you ever been given an eviction notice?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	60. Have you ever been asked to take a polygraph examination?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	61. Have you ever failed a polygraph examination?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	62. Have you ever filed a false police report?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	63. Have you ever pointed a firearm at another person outside of work in law enforcement or in the military?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	64. Have you ever discharged a firearm at another person?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	65. Have you ever been arrested or detained for shoplifting?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	66. Have you ever been in the presence of anyone using illegal drugs?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	67. Have you ever knowingly allowed anyone to possess or use illegal drugs in your home or vehicle?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	68. Have you ever struck or injured a person since you were 18 years old?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	69. Have you ever disciplined a child and caused bruises or injury?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	70. Have you ever furnished alcohol to a minor not in your custodial control?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	71. Have you ever been the plaintiff or the defendant of a civil restraining order or stalking order?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	72. Have you ever furnished illegal drugs to anyone?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	73. Have you ever given or displayed pornographic material to anyone under the age of 18 years?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	74. Have you ever been the suspect in any police investigation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	75. Have you ever been charged with a crime?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	76. Have you ever had a warrant issued for your arrest?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	77. Have you ever been detained, questioned, held on suspicion, fingerprinted or taken into custody by law enforcement officers for any reason other than minor traffic tickets?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	78. Have you ever been placed into a diversion program as the result of an arrest?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	79. Have you ever been or are you currently under investigation by any law enforcement agency concerning any alleged violation of the law?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	80. Have you ever stolen anything worth more than \$50?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	81. Have you ever stolen a motor vehicle?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	82. Have you ever been the driver or passenger in a vehicle you were not authorized to use? (joyride)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	83. Have you ever been the subject of a federal or state civil rights violation investigation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	84. Have you ever committed any sexual crime?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	85. Have you ever or are you now wanted for any reason by any law enforcement agency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	86. Have you ever sold, cultivated, manufactured or transported any illegal drug?

Answer the following questions if you have ever been in the military or in government defense service.

E. MILITARY

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Do you currently hold a secret clearance issued by a federal agency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Have you ever had any type of secret clearance denied or revoked?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Have you ever performed duties which required certification under a "Human Reliability" or "Personnel Reliability" (PRP) program?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Are you registered with the selective service?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Have you ever served in any branch of the armed services?

If you answered "No" to Question 5, you do not need to answer Questions 6-11.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. While in the service were you ever court-martialed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. While in the service were you ever placed under military arrest?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. While in the service did you ever receive any type of disciplinary action?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. While in the service were you ever reduced in rank or grade?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. While in the service were you ever AWOL or on unauthorized leave?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. When you left the service, could you have re-enlisted if you wanted?

Answer the following without any written explanation.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever used illegal drugs to include marijuana? If "Yes," list what drugs you have used/When?
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Signature

Date